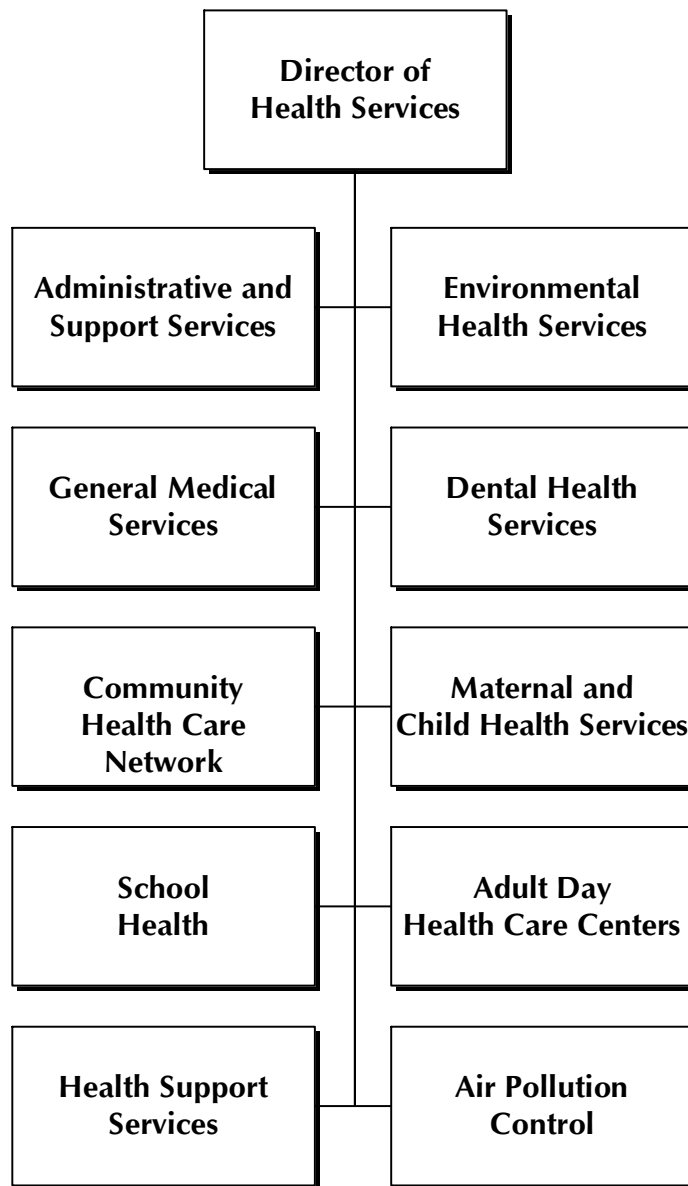


Health Department



Mission

The Health Department is dedicated to the protection of the health of the people and environment, prevention of disease and disability, and promotion of healthy behaviors and conditions for the people of Fairfax County and the cities of Falls Church and Fairfax.

Focus

The Health Department has four core functions as the foundation upon which service activities are based: the prevention of epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. The nationally adopted Healthy People 2010 guides the goals for many of the agency's services and are reflected in several of the performance measurements.

Health Department

In FY 1996 the Health Department became a locally administered agency. Prior to 1996 the Department was operated on a cooperative agreement with the state. The state has maintained its effort in support of the Health Department by continuing to send state dollars to the locality, based on a formula set by the General Assembly. For FY 2005 it is anticipated the state will contribute a total of \$7,913,107 in support of Health Department services.

Other revenue support for Health Department activities comes in the form of licenses, fees and permits, including those collected from individuals and businesses for environmental and health related services. Environmental fees are for varied services, such as food establishments, septic systems, site review plans and swimming pool permits. The Health Department collects fees for death certificates, x-rays, speech and hearing tests, pregnancy testing, laboratory and pharmacy tests, physical therapy and international immunizations. Eligible health related services are billed to Medicaid, but Medicaid funding on the whole is expected to decline. Adult Elderly Day Care Center fees are also collected based on a sliding scale.

In early FY 2004, the agency finalized its strategic plan following input from the community, key stakeholders and staff. Four strategic goals were identified and adopted, focusing on communicable disease, public access to health services, workforce management and technology use.

Threats to Public Health: Control of communicable diseases remains a continuous challenge. Communicable diseases are evidenced in the occurrence of food-borne outbreaks, the incidence of tuberculosis in the community and the increase in the number of communicable disease illnesses reported to the agency that must be investigated. The addition of a grant funded epidemiologist position in FY 2003 to the newly formed Epidemiology/Bioterrorism Preparedness Unit greatly enhances the agency's ability to monitor and identify trends for communicable diseases, food-borne illness complaints and hospital conditions. Bioterrorism response capacity also remains an ongoing focus. The establishment of the Bioterrorism Medical Action Team (B-MAT), comprised of 1,100 volunteer health care providers and 4,000 community volunteers, was completed in FY 2004. During October 2003, a small version of the B-MAT was utilized in a mock drill during the statewide Health Department bio-event exercise. This event enabled the agency to further strengthen its emergency plan to meet future challenges and threats.

THINKING STRATEGICALLY

Strategic challenges for the Department include:

- o Preventing and minimizing the impact of new and emerging communicable diseases and other health threats;
- o Assessing community public health service needs and facilitating access to needed and/or mandated services;
- o Employing and retaining a skilled productive workforce that mirrors the diversity of the community; and
- o Integrating and harnessing the use of proven technology to provide cost-effective health services.

Education on healthy behaviors continues to be an integral component of all agency communicable disease activities, including educating food handlers, teaching about HIV/AIDS, providing classroom instruction in the schools and offering one-on-one teaching/counseling to new mothers and pregnant women.

In addition to communicable diseases, West Nile virus, transmitted from infected mosquitoes to humans, continues as a public health concern. A coordinated, multi-agency, mosquito management program is now in place, including the treatment of ponds and standing water to prevent a proliferation of the mosquito population in order to reduce the public health impact of the virus. The program also focuses on education, public awareness and involvement of the community as tools to proactively address the problem. In FY 2005 a large portion of funding for the West Nile virus program is provided through Fund 116, Integrated Pest Management Program, with the move of \$503,143 in funding from the Health Department (General Fund) to Fund 116 to combine with \$1.0 million previously budgeted. More information on the FY 2005 West Nile virus program can be found in the Fund 116 narrative (Volume 2).

Health Department

Access to Services: Demand for services continues to increase and exceed the current capacity of the health system. Collaborative efforts with other County agencies and nonprofit organizations continue to be key in addressing the quality, availability and accessibility of health care. Partnerships include the Long Term Care Project with the Department of Family Services (DFS) and the Department of Housing and Community Development (HCD); the Healthy Families Fairfax project with DFS, Reston Interfaith, Northern Virginia Family Services and United Community Ministries; the Community Access Program Grant (through the U.S. Department of Health and Human Services) with the Inova Health System and 11 key community-based organizations; the Senior Plus Program with the Fairfax-Falls Church Community Services Board and the Department of Recreation Services; and most recently, Project Resiliency, involving ethnic communities in bioterrorism preparedness activities.


A redesign of some existing services also has been undertaken in order to respond to increased service demands in a time of decreasing resources. The agency recently responded to an increased demand for clinical services by restructuring a number of services so as to best direct resources to meet the needs of key populations and to reestablish manageable workloads. In FY 2003 and FY 2004, a redesigned Community Health Care Network Program (CHCN) addressed long wait lists by revising the residency period for eligibility, eliminating emergency enrollments, restricting referrals to private physicians and redirecting patients to other centers or services that are more suitable. The agency responded to increased Environmental Health Division workload demands resulting from population growth and public facility expansions (i.e., swimming pools and restaurants) by reprioritizing field work to reduce the workload per staff to more manageable levels and to link establishment inspections to health risks. In FY 2005, the agency will continue to address quality and accessibility issues and will develop a network-based program to assist the agency in doing more targeted outreach and education on relevant health issues.

Workforce Management and Enhanced Communication: During FY 2005 and FY 2006, new initiatives that have emerged from the strategic planning process will begin to focus on workforce and communication goals, beginning with enhancing the agency web site, initiating internal communication tools and further developing the agency's workforce plan. Workforce management is critical to the strategic goal of employing and retaining a skilled productive workforce, as the highly competitive health professionals' employment market presents challenges to hiring qualified staff and conversely, keeping qualified experienced staff. During FY 2005, a plan will be developed to address this focus area with follow-up actions to commence in FY 2006.



Technology: Integrating and harnessing the use of proven technology is a key strategic priority, with efforts refocused on maximizing existing technology that would improve the distribution of health information and facilitate community education about health related issues. In FY 2005, enhanced communications will be addressed through improving and expanding the agency's web page, strengthening its accessibility to the public and developing new mechanisms by which the public can be kept informed of emerging health issues and/or emergency situations. In addition, more emphasis will be placed on internal communications for and with all staff.

Health Department


New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

 Maintaining Safe and Caring Communities	Recent Success	FY 2005 Initiative	Cost Center
<p>Continue to enhance the capacity of the Adult Day Health Care program to meet existing community and client needs through:</p> <ul style="list-style-type: none"> - the development in FY 2003 of a new assessment tool for the Adult Day Health Care program to monitor clients' level of care and to identify emerging needs; - a plan to increase public awareness of Adult Day Health Care and Senior Services in targeted, underserved populations to attract a more diverse participant population for County Adult Day Health Care centers; - conducting an Annual Caregiver Conference to support over 300 families of the elderly and disabled adults who have chosen community-based care. The conference will focus on information and assistance available to enable caregivers to care for their loved ones and to maintain a healthy home/personal environment. 	✓	✓	Adult Day Health Care Centers
Continue to actively conduct surveillance, management and educational activities to suppress the transmission of the West Nile virus in the bird, mosquito and human populations.	✓	✓	Environmental Health
Established a central Epidemiology/Bioterrorism Preparedness Unit focused on the control of communicable diseases including monitoring of disease reporting, disease outbreak investigations, surveillance and preventing or minimizing the impact of new and emerging communicable diseases on our community. Developed the local component of the President's Smallpox Vaccination Plan and other bioterrorism preparedness activities. In late FY 2004 into FY 2005, the infrastructure for the new unit will be further developed with attention to an appropriate distribution of workload among staff.	✓	✓	General Medical Services
Continue the development of Bioterrorism Medical Action Teams (B-MATs) that can be activated for smallpox or other bioterrorism events. The plan utilizes both medical and non-medical volunteers that are organized and trained to administer vaccine or dispense disease-preventing medications should there be an epidemic or bioterrorism attack. This is an ongoing initiative with the FY 2005 goal of having 7,000 trained volunteers ready to respond to a public health emergency.	✓	✓	General Medical Services


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 Maintaining Safe and Caring Communities	Recent Success	FY 2005 Initiative	Cost Center
Reorganized the Tuberculosis Program (TB) to provide the expertise and focus necessary to care for the complex medical and social needs of TB patients being treated in Fairfax County.	✓		General Medical Services
Continue work with the Community Health Care Network (CHCN) Community Advisory Committee to complete a strategic review of the CHCN program in order to (1) identify the scope of challenges in the provision of full-service primary care to low-income, uninsured residents; (2) validate the mission of CHCN; and (3) develop achievable strategies to enhance CHCN's performance, ensuring maximization of limited resources. Limited resources will be directed at providing a fuller range of medical care to the current number of patients and to patients meeting the redefined criteria for participation in CHCN.	✓	✓	Community Health Care Network
Continue to implement a system-wide strategy to access pharmaceutical companies' patient assistance programs to obtain medications at no cost for CHCN patients.	✓	✓	Community Health Care Network
 Building Livable Spaces	Recent Success	FY 2005 Initiative	Cost Center
Amendments to Chapter 68.1, Onsite Sewage Disposal Systems, as proposed by the Department of Health, were adopted by the Board of Supervisors in July 2003. These amendments brought the <u>Fairfax County Code</u> in line with state regulations; clarified the use of alternative technologies for onsite sewage disposal systems; and outlined sewage system design and installation requirements as related to new construction, dwellings over 7,500 square feet, dwelling expansions and newly established lots.	✓		Environmental Health
Draft amendments to Chapter 70, Water, of the <u>Fairfax County Code</u> , to bring the well water regulations up-to-date and in line with state regulations. These amendments will bring the County code in line with state regulations, will clarify system design and installation requirements as related to new construction and will ensure adequate ground water supplies for individual lots prior to development of newly established lots.		✓	Environmental Health

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 Connecting People and Places	Recent Success	FY 2005 Initiative	Cost Center
Established the Fight-the-Bite website and e-mail address to provide the public with a direct and easy route for obtaining information on West Nile virus and for filing mosquito related complaints and reports.	<input checked="" type="checkbox"/>		Environmental Health
 Practicing Environmental Stewardship	Recent Success	FY 2005 Initiative	Cost Center
Established an early warning system (Biowatch) for biological and chemical releases that could occur as the result of a terrorist attack. In cooperation with the Department of Homeland Security, the Environmental Protection Agency and the Virginia Department of Environmental Quality installed Biowatch sampling devices at five County air pollution monitoring sites, which now will be operated and monitored.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Air Pollution
In cooperation with the Virginia Department of Environmental Quality and the U.S. Fish and Wildlife Service, a new acid rain sampling site was installed in FY 2004 and is now being operated by the Health Department's Air Pollution monitoring staff. This sampling site is part of the National Atmospheric Deposition Program (NADP) for the monitoring of geographical and temporal long-term trends. Data will be transmitted to the NADP.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Air Pollution
 Creating a Culture of Engagement	Recent Success	FY 2005 Initiative	Cost Center
Continued coordination of the implementation of the structure for the Long Term Care Council (LTCC), appointed by the Board of Supervisors to provide community leadership to champion the implementation of the Long Term Care Strategic Plan, focusing on a collaborative, responsive system of Long Term Care services. Mission, bylaws, leadership structure and priority objectives and strategies have been established. In FY 2005, the LTCC will facilitate collaborative partnerships and pursue resources to address the gaps in long term care services through demonstration of new models of service delivery or enhancements to existing services, as well as provide leadership and education about the critical long-term care needs in the Fairfax community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	General Medical Services

Health Department

 Corporate Stewardship	Recent Success	FY 2005 Initiative	Cost Center
<p>The Division of Environmental Health joined with the Department of Public Works and Environmental Services and the Department of Planning and Zoning in the Fairfax Inspection Database On-line (FIDO) project that will provide for a unified cross agency approach of database management and the elimination of redundant data entry. The Health Department will utilize the system to manage restaurant, pool and other facility inspections and to permit future citizen access to septic and well data. Planning of the Health Department component of this project is underway, with implementation in FY 2005.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Health
<p>Combine/streamline two distinct data systems supporting the Adult Day Health Care program into one management information system with capabilities for billing and management, streamlined data collection and report generation.</p>		<input checked="" type="checkbox"/>	Adult Day Health Care Centers
<p>Complete the implementation of policies and procedures to ensure compliance with the privacy component of the federal Health Insurance Portability and Accountability Act (HIPAA). Total compliance (including the electronic transaction component) will be completed in early FY 2005.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Agencywide

Health Department

Budget and Staff Resources

Agency Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	555/ 485.18	561/ 489.71	562/ 492.81	562/ 492.81	562/ 492.81
Expenditures:					
Personnel Services	\$24,701,237	\$26,338,692	\$26,420,186	\$27,457,102	\$27,457,102
Operating Expenses	13,131,373	13,945,276	15,328,790	13,317,591	13,317,591
Capital Equipment	35,566	0	154,854	0	0
Subtotal	\$37,868,176	\$40,283,968	\$41,903,830	\$40,774,693	\$40,774,693
Less:					
Recovered Costs	(\$109,417)	(\$112,551)	(\$112,551)	(\$116,434)	(\$116,434)
Total Expenditures	\$37,758,759	\$40,171,417	\$41,791,279	\$40,658,259	\$40,658,259
Income/Revenue:					
Elderly Day Care Fees	\$642,276	\$721,053	\$721,053	\$757,106	\$757,106
Elderly Day Medicaid Services	110,976	134,113	122,589	122,589	122,589
Fairfax City Contract	548,895	559,872	724,645	724,645	724,645
Falls Church Health Department	155,732	158,845	163,657	166,930	166,930
Licenses, Permits, Fees	2,447,245	2,860,306	2,578,681	2,620,373	2,620,373
State Reimbursement	7,663,107	7,913,107	7,913,107	7,913,107	7,913,107
Air Pollution Grant	68,850	68,850	68,850	68,850	68,850
Total Income	\$11,637,081	\$12,416,146	\$12,292,582	\$12,373,600	\$12,373,600
Net Cost to the County	\$26,121,678	\$27,755,271	\$29,498,697	\$28,284,659	\$28,284,659

FY 2005 Funding Adjustments

The following funding adjustments from the FY 2004 Revised Budget Plan are necessary to support the FY 2005 program:

- ◆ **Employee Compensation** **\$1,033,033**
 An increase of \$1,036,916 associated with salary adjustments necessary to support the County's compensation program and existing staff, offset by a decrease of \$3,883 in Recovered Costs due to a greater recovery of salary costs for services to other agencies.
- ◆ **West Nile Virus** **(\$503,143)**
 A decrease of \$503,143 in Operating Expenses resulting from the transfer of a portion of budgeted West Nile virus funds to Fund 116, Integrated Pest Management Program, due to the capacity of Fund 116 to support these expenditures. Fund 116, supported under a special services tax district, was expanded in FY 2004 to include the West Nile virus program following the General Assembly's approval to expand the special services district for cankerworm and gypsy moth to include pests which are dangerous to humans. In FY 2005, budgeted program expenditures of \$1.6 million for the West Nile program remain the same across the General Fund and Fund 116 budgets.
- ◆ **Carryover Adjustments** **(\$1,518,673)**
 A decrease of \$1,518,673 due to the carryover of \$1,518,673 in one-time Operating Expenses as part of the FY 2003 Carryover Review.

Health Department

- ◆ **Other Operating Adjustments** **(\$107,383)**
A net decrease of \$107,383 in Operating Expenses primarily due to adjustments in intergovernmental charges, including a decrease of \$113,867 in Information Technology Infrastructure charges based on the agency's historic usage of mainframe applications, partially offset by other operating adjustments of \$6,484.

Board of Supervisors' Adjustments

The following funding adjustments reflect all changes to the FY 2005 Advertised Budget Plan, as approved by the Board of Supervisors on April 26, 2004:

- ◆ The Board of Supervisors made no funding adjustments to this agency. However, consistent with the Board of Supervisors direction on the FY 2005 Adopted Budget Plan, the Health Department's Home-Based Bathing and Respite program will be transferred to the Department of Family Services (DFS) in FY 2005 and managed under the DFS Home-Based Care program to allow for better program integration. Transition planning is underway and a subsequent funding adjustment to support this transfer will be included in the *FY 2004 Carryover Review*.

Changes to FY 2004 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2004 Revised Budget Plan since passage of the FY 2004 Adopted Budget Plan. Included are all adjustments made as part of the FY 2003 Carryover Review and all other approved changes through December 31, 2003:

- ◆ **Carryover Adjustments** **\$1,619,862**
As part of the *FY 2003 Carryover Review*, the Board of Supervisors approved encumbered funding of \$1,619,862, including Operating Expense obligations of \$1,518,673 for services received from dental and primary care providers and additional adjustments of \$101,189.
- ◆ **Position Adjustment** **\$0**
During FY 2004, the County Executive approved the redirection of 1/1.0 SYE position to the Health Department in support of the Long Term Care Coordinating Council. There was no corresponding funding adjustment associated with this position redirection.

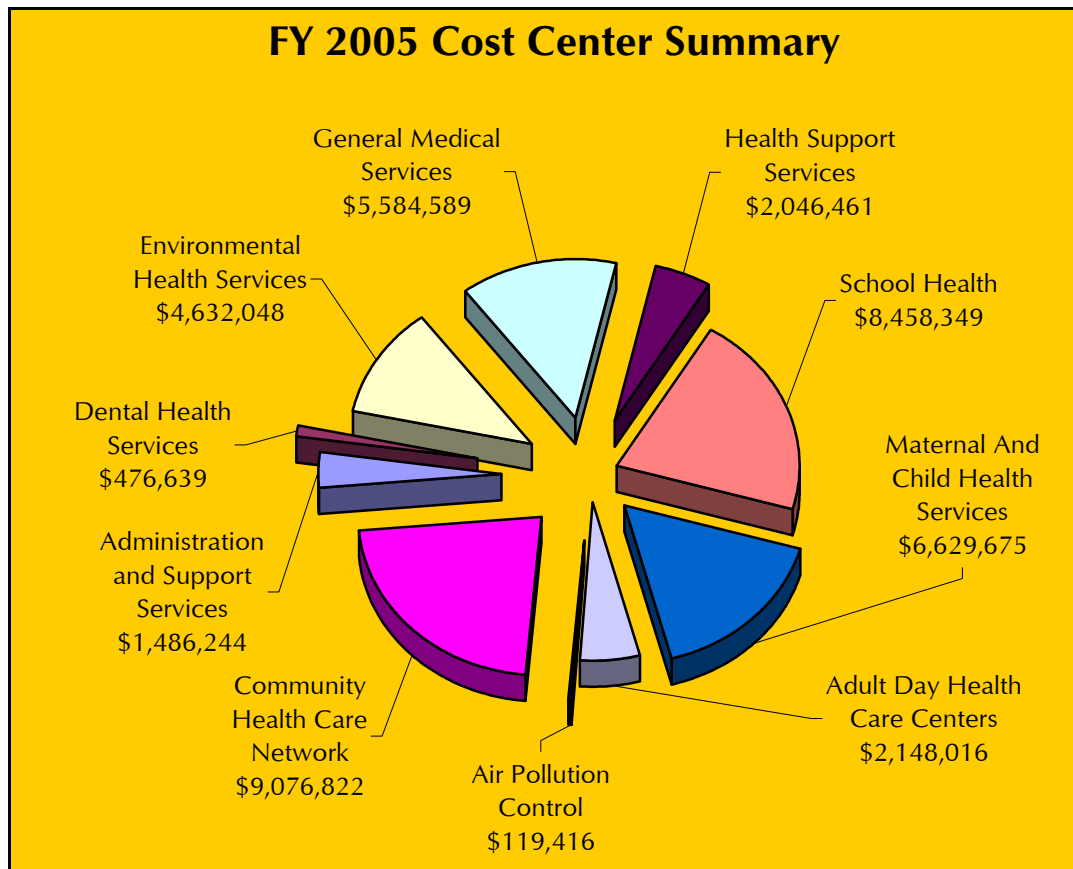
The following funding adjustments reflect all approved changes to the FY 2004 Revised Budget Plan from January 1, 2004 through April 19, 2004. Included are all adjustments made as part of the FY 2004 Third Quarter Review:

- ◆ The Board of Supervisors made no adjustments to this agency.

Health Department

Cost Centers

The Health Department is divided into 10 cost centers which work together to fulfill the mission of the department. They are: Administrative and Support Services, Dental Health Services, Environmental Health Services, General Medical Services, the Community Health Care Network, Maternal and Child Health Services, Health Support Services, School Health, Adult Day Health Care Centers, and Air Pollution Control.



Administrative and Support Services

Administrative and Support Services provides overall agency guidance and administration including program development, monitoring, fiscal stewardship, oversight of the implementation of the strategic plan and internal and external communication. A primary focus is work with the community, private health sector, governing bodies and other jurisdictions within the Northern Virginia region and the Metropolitan DC area in order to maximize resources available in various programmatic areas.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	6/ 6	6/ 6	7/ 7	7/ 7	7/ 7
Exempt	1/ 1	1/ 1	1/ 1	1/ 1	1/ 1
Total Expenditures	\$1,448,928	\$1,581,698	\$1,807,025	\$1,486,244	\$1,486,244

Health Department

Position Summary					
1	Director of Health E		3	Administrative Assistants III	
1	Deputy Director		1	Administrative Assistant II	
1	Director of Nursing Services ¹		1	Health Svc. Communications Specialist	
TOTAL POSITIONS					
8 Positions / 8.0 Staff Years			E – Denotes Exempt Position		

¹ The Director of Nursing Services, reflected in this cost center, provides direction and support for agencywide activities and for a number of specific cost centers involved in Patient Care Services, including Dental Health Services, General Medical Services, the Community Health Care Network, Maternal and Child Health Services, School Health, and Adult Day Health Care Centers.

Key Performance Measures

Goal

To enhance the health and medical knowledge of County residents and medical partners through maximizing the use of information technology.

Objectives

- ♦ To achieve a website rating of Very Helpful or better from 80 percent of website users.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Website contacts	NA	NA	NA	NA	8,000
Efficiency:					
Cost per website contact	NA	NA	NA	NA	\$2.04
Service Quality:					
Percent of website users satisfied with the information and format	NA	NA	NA	NA	80%
Outcome:					
Percent of users giving website a rating of Very Helpful or better	NA	NA	NA	NA	80%

Performance Measurement Results

A new FY 2005 performance indicator will focus on a key priority of the agency's strategic planning process – Integration and harnessing the use of proven technology. The agency goal of reaching 8,000 residents through the website reflects a numerical goal that represents 2 percent of County households. Enhanced promotion of the use of the Health Department website for general information will permit the agency to maximize staff time on essential program activities for a number of programs, including tuberculosis, communicable disease control and inquiries regarding current health issues. The estimated cost of \$2.04 per website contact compares with the \$3.80 cost of a similar contact made by phone or in-person for general information. Users will be surveyed on the website to determine their satisfaction with the provided information and the usefulness of the site. Users will be able to provide a rating and comments that can be used to further improve on website effectiveness.

Health Department

Dental Health Services

The Dental Health Services Division addresses the dental needs of approximately 4,000 low-income children at three dental locations (South County, Herndon/Reston and Central Fairfax). Additionally, dental health education and screening is available in schools with an augmented academic program and the Headstart Program.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	4/ 4	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	\$479,246	\$466,315	\$504,143	\$476,639	\$476,639

Position Summary	
3	Public Health Dentists I
1	Administrative Assistant II
TOTAL POSITIONS	
4 Positions / 4.0 Staff Years	

Key Performance Measures

Goal

To complete preventive and restorative dental treatment in order to improve the health of low-income children through prevention and/or control of dental disease.

Objectives

- ◆ To complete preventative and restorative dental treatment within a 12 month time period for 60 percent of the children seen.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
New patients visits	1,672	1,542	1,600 / 1,104	1,600	1,650
Total visits	3,408	3,704	3,785 / 4,130	3,785	4,000
Patients screened	NA	1,804	1,800 / 1,501	1,800	1,850
Education sessions	NA	87	85 / 180	85	90
Efficiency:					
Cost per visit	\$133.12	\$64.29	\$65.00 / \$137.00	\$148.00	\$145.00
Net cost to County	\$62.44	\$51.85	\$50.00 / \$104.00	\$100.00	\$110.00
Service Quality:					
Customer satisfaction index	95.0%	97.1%	97.0% / 97.0%	97.0%	97.0%
Outcome:					
Percent of treatment completed	95%	56%	60% / 55%	60%	60%

Health Department

Performance Measurement Results

FY 2002 and FY 2003 were transition years for Dental Health Services, which refocused its attention on serving uninsured low-income children, a group underserved by the private dental sector. Fewer new patients were taken on while the program transitioned to focus on low-income patients. The complexity of dental problems in this group precipitated a drop in the percent of treatments completed within a 12 month time period and a higher cost per child by FY 2003. The number of new patients increased in FY 2004 with the agency's certification as a provider of state Medicaid-managed care programs. Additional Medicaid revenues are expected to offset future year costs.

Environmental Health Services



The Environmental Health Services Division provides high quality services that protect the public health through a variety of regulatory activities. These activities include the regular inspection of food service establishments, permitting and inspection of onsite sewage disposal systems and private water supplies, elimination of public health or safety menaces, insect and vector control (including the West Nile virus program management), swimming pool safety, milk plant regulation, and enforcement of the residential maintenance provisions of the Virginia Uniform Statewide Building Code. The division continues to promote community revitalization and improvement and blight prevention and elimination by actively supporting and participating in the Neighborhood Volunteer Program, Hoarding Task Force, Blight Abatement Program, and the Strengthening Neighborhoods and Building Communities multi-agency effort.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	66/ 66	65/ 65	65/ 65	65/ 65	65/ 65
Total Expenditures	\$4,784,388	\$4,773,172	\$5,130,308	\$4,632,048	\$4,632,048

Position Summary					
1	Director of Environ. Health	5	Environmental Health Supervisors	1	Administrative Assistant V
2	Environmental Health Program Managers	14	Environmental Health Specialists III	3	Administrative Assistants III
		31	Environmental Health Specialists II	8	Administrative Assistants II
TOTAL POSITIONS					
65 Positions / 65.0 Staff Years					

Key Performance Measures

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Objectives

- ◆ To routinely inspect 100 percent of all regulated food establishments at least once a year and to reduce by 1 percentage point the number of establishments that are closed due to major violations of the Food Code from 9 to 8 percent, toward a target of 5 percent closures.
- ◆ To maintain the percentage of improperly installed water well supplies that pose the potential for waterborne diseases that are corrected within 30 days at 50 percent and to move towards a target of 60 percent.
- ◆ To maintain the percentage of complaints dealing with commercial and residential blighted properties; residential safe and sanitary property maintenance code violations; rat, cockroach, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 60 percent and to move towards a target of 70 percent.

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- ◆ To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage born diseases that are corrected within 30 days at 82 percent and to move towards a target of 90 percent.
- ◆ To suppress the transmission of West Nile virus from infected mosquitoes to the human population, holding the number of human infections to 10, which is less than the 13 experienced in FY 2003.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Regulated food establishments	2,818	2,894	2,900 / 3,032	3,035	3,050
Water well supply services	5,373	5,030	5,100 / 4,644	4,625	4,600
Community health and safety complaints investigated	3,406	3,147	3,300 / 3,228	3,300	3,300
Sewage disposal system services	8,975	8,729	8,500 / 7,320	7,300	7,250
Mosquito larvicide treatments of catch basins to control West Nile virus	0	22,615	30,000 / 66,879	150,000	200,000
Efficiency:					
Regulated food establishments/EHS ratio (1)	176:1	181:1	181:1 / 190:1	190:1	191:1
Water well services / EHS ratio	537:1	503:1	510:1 / 464:1	463:1	460:1
Community health and safety complaints / EHS ratio	487:1	450:1	471:1 / 461:1	471:1	471:1
Sewage disposal system services / EHS ratio	898:1	850:1	850:1 / 732:1	730:1	725:1
West Nile Virus program costs per capita	\$0.00	\$0.30	\$1.08 / \$0.71	\$1.85	\$1.50
Service Quality:					
Percent of regulated food establishments inspected at least once	99.8%	99.9%	100.0% / 99.5%	100.0%	100.0%
Average number of inspections to correct out-of-compliance water well supplies	1.2	1.1	1.2 / 0.9	1.2	1.2
Percent of community health and safety complaints responded to within 3 days	50.1%	58.0%	48.0% / 55.7%	55.0%	55.0%
Average number of inspections to correct out-of-compliance sewage disposal systems	2.7	3.0	3.0 / 2.8	3.0	3.0
Percent of targeted catch basin areas treated with mosquito larvicide within the scheduled timeframe.	NA	100%	90% / 100%	100%	90%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Outcome:					
Percent of food establishments closed due to major violations	NA	9.4%	NA / 8.6%	9.0%	8.0%
Percent of out-of-compliance water well supplies corrected within 30 days	43.9%	51.6%	55.0% / 44.3%	50.0%	50.0%
Percent of community health and safety complaints resolved within 60 days	60.4%	56.2%	60.0% / 61.8%	60.0%	60.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	82.2%	79.3%	83.0% / 81.6%	82.0%	82.0%
Number of confirmed human cases of West Nile Virus in Fairfax County, Fairfax City, and Falls Church City, as reported by VDH (2)	0	0	0 / 13	4	10

(1) EHS = Environmental Health Specialist

(2) VDH = Virginia Department of Health

Performance Measurement Results

Food Establishments: Regulation of food establishments is mandated under the Fairfax County Food Handling Code, with a primary concern being violations that contribute to food-borne illnesses. Of the 3,032 food establishments in the County, 8.6 percent were closed at least one time in FY 2003 due to major violations. Educating establishments as part of a routine inspection is projected to reduce the number of major violators to 8.0 percent by FY 2005.

Water Well Supply Services: Individual water supplies and on site sewage disposal systems are enforced under the Fairfax County Water Code and the newly amended Fairfax County Individual Sewage Disposal Facilities Code, which became effective on August 1, 2003. In FY 2005, it is projected that 50 percent of out-of-compliance water supplies and 82 percent of out-of-compliance sewage disposal systems will be corrected within 30 days. Correction of water well deficiencies and of problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. Temporary processes usually are available to eliminate health hazards while mitigation procedures are in process. Recent years have seen more in-fill development of housing as the County becomes more urbanized. Most in-fill development now utilizes non-traditional, alternative sewage disposal systems and technologies. Staff resources are transitioning from evaluating simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems in marginal to poor soils. This shift has been time-consuming and has resulted in a decrease in annual output. In addition, staff attention continues to be focused on the repair and replacement issues associated with older systems. Staff is developing a more proactive approach to system maintenance that concentrates on homeowner education about onsite sewage disposal systems and the necessary maintenance issues.

Community Health and Safety Complaints: Community health and safety complaints continue to be investigated at the same level as previous years. In FY 2004 and FY 2005, it is estimated that 3,300 complaints involving property maintenance issues or health and safety menaces will be addressed, with 60 percent resolved within 60 days.

Health Department

West Nile Virus Control: West Nile Virus (WNV) control is in its third year. The ultimate goal in FY 2005 is to hold the number of human cases as reported by the Virginia Department of Health to 10 cases, a number lower than the 13 cases reported for the County in FY 2003. This number is higher than the anticipated FY 2004 experience, when the County benefited from the unseasonably cool weather and heavy spring rains that flushed storm water catch basins and inhibited mosquitoes from breeding.

The County has a comprehensive mosquito surveillance and management program that utilizes an integrated pest management and multi-agency approach to suppress the mosquito population and the transmission of WNV in the mosquito, bird and human populations. Storm water catch basins, a significant breeding area for mosquitoes, are treated with larvicide. Surveillance activity is conducted by the County to determine mosquito breeding locations and the degree of presence of the disease in County mosquitoes and birds. A limited number of catch basin larvicide treatments were initiated at the end of FY 2002, when the disease first emerged in the County. The number of catch basin treatments has steadily expanded each year through FY 2005, when four larvicide treatment cycles totaling 200,000 catch basins are projected to ensure the aggressive suppression of the disease. This level assumes the capacity for treatment response if there is a warm spring, which would encourage mosquito breeding. As previously mentioned, the number of mosquito larvicide catch basin treatments was low in FY 2003 due to the very rainy spring that made it impossible to move forward with a major treatment cycle at the end of the fiscal year. The number of catch basin treatments in FY 2004 is also held down, again due to the cool wet spring which delayed the emergence of the mosquito population. The cool, rainy spring is also expected to have a positive impact on reducing the number of FY 2004 human WNV cases as compared to the previous year. The program cost per capita reflects the combined funding for West Nile virus activities provided under the Department of Health (General Fund) and Fund 116, Integrated Pest Management Fund.

General Medical Services

General Medical Services Division is responsible for overseeing the County's response to tuberculosis; the control of communicable diseases; the provision of Home-Based Respite services for those families requiring an outside care provider to assist with the activities of daily living and the needs of a sick or disabled family member; and the administration of Medicaid nursing home pre-screenings.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan ¹
Authorized Positions/Staff Years					
Regular	82/ 81.5	82/ 81.5	84/ 83.5	74/ 73.5	75/ 74.5
Total Expenditures	\$13,401,048	\$14,308,454	\$14,907,560	\$5,584,589	\$5,584,589

Position Summary					
1	Public Health Doctor	2	Administrative Assistants V	2	Speech Pathologists II
2	Comm. Health Specialists	1	Administrative Assistant IV	2	Asst. Directors of Nurses
6	Public Health Nurses IV	7	Administrative Assistants III	1	Resource Dev./Training Mgr.
5	Public Health Nurses III	8	Administrative Assistants II	1	Human Service Worker II
33	Public Health Nurses II, 1 PT	1	Administrative Assistant I		
1	X-Ray Technician	1	Management Analyst III		
		1	Management Analyst II		
TOTAL POSITIONS				PT Denotes Part-Time Position	
75 Positions / 74.5 Staff Years					
6/5.13 SYE Grant Positions in Fund 102, Federal/State Grant Fund					

¹ Funding of \$9,076,822 and 9/9.0 SYE positions related to the Community Health Care Network are moved in FY 2005 to a new cost center with the same name, displayed following the General Medical Services cost center. As a result, the FY 2005 Adopted Budget Plan for the General Medical Services cost center decreases to \$5,584,589.

Health Department

Key Performance Measures

Goal

To ensure that adults in the community experience a minimum of preventable illness, disability and premature death, and that health service utilization and costs attributable to chronic diseases/conditions will be reduced.

Objectives

- ◆ For the Communicable Disease (CD) Program, to ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to maintain the incidence of tuberculosis (TB) at 8.5/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population, assuring that 95 percent of all TB cases will complete treatment.
- ◆ To increase the number of trained public health first responders and Medical Reserve Corp volunteers to 7,000.
- ◆ To provide timely access to Bathing and Respite care within 10 working days for at least 95 percent of 200 of frail elderly and adults with disabilities in the Home-Based Bathing and Respite Program. To provide timely access to Respite services within 10 working days for at least 95 percent of caregivers of 50 frail elderly and adults with disabilities in the Center-based Saturday Respite Program.
- ◆ To expedite access to needed services by providing Medicaid Nursing Home Pre-Admission screening for at least 95 percent of 300 impaired adults within 10 working days of the request for screening.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Clients served in tuberculosis (TB) screening, prevention and case management	17,776	16,388	16,000 / 14,866	14,500	14,500
Communicable disease (CD) cases investigated	572	571	600 / 1,340	600	600
Emergency preparedness: Health Department staff and community Medical Reserve Corp volunteers completing an initial public health emergency education and training session	NA	NA	NA / 4,750	1,100	1,150
Home-Based Bathing/Respite clients served per year	161	177	175 / 177	200	200
Center-Based Saturday Respite clients served per year	49	41	50 / 44	50	50
Medicaid Pre-Admission screenings completed per year	260	324	300 / 293	300	300
Efficiency:					
TB care: Total cost per client	\$42	\$55	\$59 / \$123	\$127	\$138
TB care: County cost per client	\$7	\$15	\$18 / \$69	\$68	\$83
CD investigations: Total cost per client	\$367	\$446	\$445 / \$384	\$502	\$534
CD Investigations: County cost per client	\$47	\$110	\$124 / \$234	\$320	\$367
Emergency preparedness: Total cost per individual trained	NA	NA	NA / \$61	\$92	\$98

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Emergency preparedness: County cost per individual trained	NA	NA	NA / \$39	\$70	\$77
Home-Based Bathing/Respite Program: Cost per service unit	\$2,263	\$2,415	\$2,752 / \$2,452	\$2,151	\$2,160
Home-Based Bathing/Respite Program: Net cost to County	\$2,204	\$2,365	\$2,673 / \$2,423	\$2,118	\$2,127
Medicaid net cost to County	\$100	\$70	\$157 / \$167	\$176	\$177
Medicaid cost per service unit	\$152	\$122	\$209 / \$214	\$227	\$229
Service Quality:					
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	NA	NA	NA / NA	90%	95%
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	NA	NA	NA / 95%	95%	95%
Percent of individuals who express feeling confident to respond to a public health emergency following education and training	NA	NA	NA / 95%	95%	95%
Percent of Home-Based Bathing/Respite clients/caregivers who indicated that they benefited from the program	99%	94%	95% / 100%	95%	95%
Percent of Center-Based Saturday Respite clients/caregivers who indicated that they benefited from the program	96%	97%	95% / 100%	95%	95%
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	100%	95%	95% / 97%	95%	95%
Outcome:					
Public health first responders and Medical Reserve Corp volunteers trained and ready to respond to a public health emergency	NA	NA	NA / 4,100	5,200	7,000
Rate of TB Disease/100,000 population	9.1	8.9	9.0 / 9.8	8.5	8.5
Percent of TB cases discharged completing treatment for TB disease	96%	98%	95% / 96%	95%	95%
Percent of completed communicable disease investigations needing no further follow-up	95%	95%	NA / 95%	95%	95%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Center-Based Saturday Respite Program: percent of services received within 10 working days of referral	NA	NA	NA / 100%	NA	95%
Home-Based Bathing/Respite Program: percent of services received within 10 working days of referral	NA	NA	NA / 96%	NA	95%
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	NA	NA	NA	95%	95%

Performance Measurement Results

Tuberculosis (TB): TB clients projected to be screened are anticipated to stabilize in number as a result of new testing guidelines. However, during FY 2003 the rate of TB disease in the County increased by 10 percent. This trend is largely influenced by the increasing diversity in the Fairfax County community, a trend mirrored in other large metropolitan areas. A reorganization of the TB Program during FY 2003 addressed this escalation of the disease, including the hiring of a TB physician specialist and the consolidation of TB case management to a core group of highly trained public health nurses focused on high risk patients with latent TB infection. The reorganization resulted in an increased cost per client for TB care but will provide for the expertise necessary to care for the complex medical and social needs of TB patients being treated in Fairfax County. The target is to decrease the rate of TB disease per 100,000 from 9.8 in FY 2003 to 8.5 in FY 2004 and FY 2005.

Communicable Disease (CD): CD investigations more than doubled in FY 2003 from previous years. Four major communicable disease outbreak investigations and newly emerging infectious diseases account for this increase. The large jump in investigations in FY 2003 resulted in a lower cost per investigations as the size and cost of the program investigative staff grew, but not proportionately to the increase in the number of cases. The number of investigations is estimated to stabilize in FY 2004 and FY 2005, with no outbreak situations. Despite the leveling off of investigations projected, a full complement of staffing for the centralized CD/Epidemiology Unit created in FY 2003 is maintained so that increased surveillance and outbreak preparedness can continue. In FY 2005, a new service quality indicator will focus on education and training to prevent further communicable disease spread.

Emergency Preparedness: In FY 2005, emergency preparedness is added as an indicator due to an increased emphasis on assuring the ability to respond to emerging public health issues/threats. During FY 2003 all Health Department staff was trained in emergency preparedness. In addition, the Health Department initiated recruitment for community volunteers, both medical and non-medical, to become a part of 100 Bioterrorism Medical Action Teams (B-MATs) that will be trained and ready to respond to a public health emergency, such as a smallpox outbreak. This is an ongoing initiative with the FY 2005 goal of 7,000 trained volunteers ready to respond to a public health emergency. The cost associated with biopreparedness is offset by a federal bioterrorism grant. The cost per individual trained in FY 2003 was very low due to the large number of individuals trained by a core team of medical professionals in that year. FY 2004 and FY 2005 training costs per individual rise due to the continuation of the same number of trainers but a smaller pool of trainees. In addition to initial training, Bioterrorism staff assists already trained staff in maintaining their knowledge and level of emergency preparedness.

Health Department

Home-Based Bathing/Respite Program: This program provides personal care assistance to adults with physical and or cognitive impairment in their home and provides respite to family members/caregivers. Based on the actual number of clients served in FY 2003 (177 clients), a moderate increase in the number to be served in FY 2004 and FY 2005 is anticipated. Additional clients (44 in FY 2003) are served on Saturdays at Adult Day Health Care Centers. It should be noted that the Health Department's Home-Based Bathing and Respite program will be transferred to the Department of Family Services (DFS) in FY 2005 and managed under the DFS Home-Based Care program to allow for better program integration. The Saturday Center-Based Respite program will remain within in the Health Department.

Medicaid Pre-admission Screenings: A screening team provides health assessment screenings to individuals with chronic conditions or disabilities in order to determine their eligibility for Medicaid funded Long Term Care Services. In FY 2003, the screening team authorized 151 of 293 screened clients to receive Medicaid funded community-based services and referred 25 clients for other non-Medicaid community services. A similar level of screenings is projected for FY 2004 and FY 2005, with 95 percent of screenings initiated within 10 working days of referral. Medicaid only reimburses for the initial screening at a rate of \$51.75, whereas the screening cost in FY 2005 is \$229 per client. In FY 2004, the agency is assisting the State Department of Medical Assistance (DMAS) in reviewing the nursing home pre-admission screening process and its reimbursement rate.

Community Health Care Network



The Fairfax Community Health Care Network is a partnership of health professionals, physicians, hospitals and local governments. It was formed to provide primary health care services to low-income, uninsured County residents who cannot afford medical care. Three health centers at Bailey's Crossroads, South County and North County are operated under contract with a private health care organization to provide primary care services.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	0/ 0	0/ 0	0/ 0	9/ 9	9/ 9
Total Expenditures	\$0	\$0	\$0	\$9,076,822	\$9,076,822

Position Summary	
1 Management Analyst IV	6 Social Workers II
1 Management Analyst II	1 Admin. Assistant III
TOTAL POSITIONS	
9 Positions / 9.0 Staff Years	

NOTE: The funding and positions related to this new cost center were previously listed under the General Medical Services cost center. The FY 2005 Adopted Budget Plan funding of \$9,076,822 compares to \$8,422,671 spent in FY 2003; \$9,054,834 approved for the FY 2004 Adopted Budget Plan; and \$9,500,505 approved for the FY 2004 Revised Budget Plan (growth due to carryover adjustments for prior year obligations).

Key Performance Measures

Goal

To improve appropriate and timely access to medical care for low-income, uninsured residents of Fairfax County and the cities of Fairfax and Falls Church.

Health Department

Objectives

- ◆ To accommodate an increase in patients visits over the prior year of 3.9 percent to 48,000 visits, a level still within the maximum allowed under the existing contract with the contract provider, and to ensure that 70 percent of female patients age 40-69 treated over a two year period receive a mammogram and 55 percent of individuals with diabetes receive an annual neuropathy exam.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Primary care visits	44,319	44,005	44,885 / 39,733	46,205	48,000
Efficiency:					
Net cost to County per visit	\$181	\$196	\$196 / \$215	\$209	\$192
Service Quality:					
Percent of clients satisfied with their care at health centers	94%	92%	95% / 91%	95%	95%
Percent of clients whose eligibility is determined on the first enrollment visit	73%	78%	80% / 74%	80%	75%
Outcome:					
Percent of enrolled women age 40-69 provided a mammogram during two year treatment period	NA	NA	NA / NA	65%	70%
Percent of patients with diabetes who receive an annual neuropathy exam	NA	NA	NA / NA	NA	55%

Performance Measurement Results

In the years prior to FY 2003, wait lists for the Community Health Care Network (CHCN) sites reached unmanageable levels, approaching 4,000 people with a one year wait. The preventative side of primary care had almost disappeared due to volume. Several steps were taken to reduce the wait list and refocus the program on preventative care through program restructuring. Further, a comprehensive strategic review of the program was conducted by the Community Advisory Committee. New policies put into effect included an increase in the time for residency requirements, a discontinuation of "emergency" enrollments, the elimination of walk-in appointments, and the screening and redirection of all qualified patients to Medicaid/FAMIS. This restructuring reduced the number of patients and primary care visits in FY 2003 and made it possible to assure timely service and more comprehensive care. CHCN has recently adjusted patient flow procedures by redefining staff roles and shifting responsibility for patient education from medical providers to nurse educators and dieticians. These adjustments have made possible an additional 8,000 patient visits in FY 2005 over the FY 2003 level at the three CHCN centers.

In FY 2005, two new outcome indicators have been added to demonstrate CHCN's prevention focus on such items as routine mammograms and diabetes management. Currently, 65 percent of women ages 40-69 enrolled in CHCN have received a mammogram within the last two years. The FY 2005 goal reflects the *Healthy Families 2010* benchmark of 70 percent. CHCN will begin collecting more detailed data associated with diabetes care in FY 2004. The goal of ensuring that 55 percent of clients receive a neuropathy exam is based on the data provided by the *Behavioral Risk Factor Surveillance System*.

Health Department

Maternal and Child Health Services



Maternal and Child Health Services provides pregnancy testing, maternity clinical and case management services, immunizations, early intervention for infants at risk for developmental delays and case management to at-risk/high-risk families. Maternity clinical services are provided in conjunction with Inova Fairfax Hospital where women receive last trimester care and delivery. The target population is the medically indigent and there is a sliding scale fee for services. Services to infants and children are provided regardless of income.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan ¹
Authorized Positions/Staff Years					
Regular	152/ 149.7	153/ 150.7	152/ 151.8	96/ 96	95/ 95
Total Expenditures	\$9,646,009	\$10,505,921	\$10,807,253	\$6,629,675	\$6,629,675

Position Summary					
3	Public Health Doctors	1	Eligibility Supervisor	3	Administrative Assistants V
1	Asst. Director of Patient Care Services	1	Physical/Occupational Therapy Supervisor	4	Administrative Assistants III
4	Public Health Nurses IV			13	Administrative Assistants II
5	Public Health Nurses III	1	Physical Therapist II	1	Administrative Assistant I
45	Public Health Nurses II	4	Speech Pathologists II	6	Human Service Workers II
		2	Audiologists II	1	Human Services Assistant
TOTAL POSITIONS					
95 Positions / 95.0 Staff Years					
22/22.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund					

¹ To more accurately capture all costs associated with School Health in one section, funding of \$4,171,281 associated with both the Medically Fragile Student program and positions in support of Fairfax County Public School clinics (53 Public Health Nurses, 3 Nurse Supervisors and 1 Administrative Assistant II) are moved in FY 2005 to a new School Health cost center, displayed following the Maternal and Child Health Services cost center. As a result, the FY 2005 Adopted Budget Plan for the Maternal and Child Health Services cost center decreases to \$6,629,675.

Key Performance Measures

Goal

To provide maternity, infant, and child health care emphasizing preventative services to achieve optimum health and well-being. To provide pregnancy testing, counseling and referral in order to promote early identification and referral in an effort to improve pregnancy outcome.

Objectives

- ◆ To improve the immunization rate of children served by the Health Department from 80 percent to 82 percent, and to move towards the Healthy People 2010 goal of 90 percent.
- ◆ To maintain the low birth weight rate for all Health Department clients at 4.8 percent.
- ◆ To increase the percentage of Speech Language Program clients discharged as corrected with no further follow-up needed from 78 percent to 80 percent.

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Immunizations: Children seen	28,732	26,657	29,000 / 22,667	25,000	25,000
Immunizations: Vaccines given	56,293	59,360	60,000 / 52,395	55,000	55,000
Maternity: Pregnant women served	2,096	2,398	2,200 / 2,250	2,300	2,350
Speech Language: Client visits	4,838	3,966	5,000 / 3,855	4,200	4,300
Efficiency:					
Immunizations: Cost per visit	\$19	\$19	\$18 / \$17	\$15	\$16
Immunizations: Cost per visit to County	\$12	\$11	\$10 / \$10	\$9	\$7
Immunizations: Cost per vaccine administered	\$10	\$9	\$8 / \$7	\$7	\$7
Immunizations: Cost to County per vaccine administered	\$6	\$5	\$5 / \$4	\$4	\$3
Maternity: Cost per client served	\$790	\$655	\$745 / \$644	\$632	\$642
Maternity: Cost per client to the County	\$475	\$363	\$428 / \$353	\$337	\$281
Speech Language: Net cost per visit	\$84	\$141	\$118 / \$132	\$137	\$137
Service Quality:					
Immunizations: Percent satisfied with service	96%	96%	97% / 98%	97%	97%
Maternity: Percent satisfied with service	NA	NA	NA / 97%	97%	97%
Speech Language: Percent of survey families who rate their therapy service as good or excellent	100%	99%	100% / 99%	100%	100%
Outcome:					
Immunizations: Two-year-old completion rate	80%	77%	80% / 79%	80%	82%
Maternity: Overall low birth weight rate	5.3%	4.8%	4.8% / 4.6%	4.8%	4.8%
Speech Language: Percent of clients discharged as corrected; no follow-up needed	44.0%	73.0%	75.0% / 76.0%	78.0%	80.0%

Performance Measurement Results

Immunizations: In FY 2003, 79 percent of two-year old children completed immunizations, close to the agency stated goal of 80 percent. This percentage compares to the national rate of 75 percent. The number of children seen for immunizations and vaccines given in FY 2003 and future years is lower than previous levels due to two factors. First, there has been a shortage or non-availability of several vaccines. Secondly, the private sector is more aware of new school requirements implemented at the end of FY 2001 and provides the vaccines rather than the Health Department. The number of immunization visits projected for FY 2004 and FY 2005 is slightly higher than the 22,667 visits experienced in FY 2003 due to the addition of a Hepatitis B requirement for another school grade, but remains lower than the FY 2001 and FY 2002 numbers due to a new combination vaccine now available. The average cost of a vaccine is \$7.00, with the County portion being \$3.00 in FY 2005, lower than the previous fiscal years due to the increased allocation of funding from the state. It is noted that, according to the Centers for Disease Control, every dollar spent on

Health Department

immunizations allows the following savings in future medical costs: MMR - \$16.34, DTP - \$6.21, Chickenpox - \$5.40.

Maternity Services: The low birth weight rate of 4.8 percent projected for FY 2005 for Health Department clients is consistent with recent experience and compares favorably with the overall County rate of 6.2 percent, despite the high number of at-risk patients served by the Health Department. The FY 2003 cost per client for Maternity Services was lower than projected due to the initial assessment and record work being moved from the home setting to the medical office, resulting in staff time savings. This efficiency will continue in FY 2004 and FY 2005. Due to increased state funding allocations, the cost for Maternity Services to the County is projected to decline for FY 2005.

Speech and Language: A steady increase in the percentage of corrected speech problems is projected for FY 2004 and FY 2005, with a FY 2005 goal of 80 percent. It is noted that in FY 2002, the discharge objective was revised to no longer include student clients who transfer into the Fairfax County Public School system.

The number of speech visits in FY 2004 and FY 2005 is anticipated to increase due to full staffing and continued enforcement of cancellation policies. The number of speech language client visits was impacted in FY 2002 by reduced client numbers following the September 11, 2001 terrorist attacks; and in FY 2003 by the severe winter weather conditions and staff turnover affecting the number of available appointments. The cost per visit, projected at \$137.00 for FY 2005, is consistent with prior year experience, and includes the impact of the enforcement of cancellation and no-show policies. In FY 2002, the cost per visit had risen dramatically from the prior year due to a change in methodology to include fringe benefits and a decrease in the number of clients served in FY 2002 while many costs remaining fixed.

Health Support Services



Health Support Services reflects laboratory services of the Health Department.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	15/ 15	15/ 15	14/ 14	14/ 14	14/ 14
Total Expenditures	\$1,952,782	\$2,012,507	\$2,096,000	\$2,046,461	\$2,046,461

Position Summary					
1	Public Health Laboratory Director	1	Senior Pharmacist	1	Administrative Assistant III
2	Public Health Lab Supervisors	1	Management Analyst II	1	Administrative Assistant II
7	Public Health Lab Technologists				
TOTAL POSITIONS					
14 Positions / 14.0 Staff Years					

Key Performance Measures

Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, state laws, and federal regulations.

Objectives

- ◆ To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 98 percent scoring average on accuracy tests required for licensure.

Health Department

- ◆ To make it possible for 90 percent of citizens to avoid needless rabies post-exposure shots by the timely receipt of negative lab results. To achieve the Service Quality goal of maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving citizens the expense of needless shots) at 91 percent, and to continue moving toward a target of 95 percent.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Tests reported	207,524	197,442	225,000 / 227,978	225,000	225,000
Rabies tests reported	683	709	700 / 701	700	700
Efficiency:					
Average cost/all tests	\$1.50	\$3.04	\$3.76 / \$3.53	\$3.77	\$3.99
Cost/rabies test	\$46.51	\$45.41	\$59.00 / \$62.69	\$64.37	\$67.09
Service Quality:					
Percent laboratory clients satisfied with service	NA	NA	NA / 97%	95%	95%
Percent of rabies tests involving critical human exposure completed within 24 hours	88.7%	91.2%	91.0% / 92.3%	91.0%	91.0%
Outcome:					
Average score on accuracy tests required for licensure	98.2%	99.3%	98.0% / 98.8%	98.0%	98.0%
Certifications maintained	Yes	Yes	Yes / Yes	Yes	Yes
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	90%	93%	90% / 90%	90%	90%

Performance Measurement Results

The laboratory has maintained a high degree of accuracy as measured by its FY 2003 scoring average of 98.8 percent on accuracy tests required for licensure. The agency's scoring level exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance. The volume of tests is projected at the 225,000 level for FY 2004 and FY 2005. This represents growth of nearly 14 percent since FY 2002. Laboratory services were extended to other County agencies in FY 2003, and new information system interfaces are being put into place to further support this extension.

A continuing focus of performance has been the control of test costs. The laboratory implemented a barcode capable information system in FY 2002. This enabled the laboratory to meet higher testing demands in FY 2003 at less than anticipated cost, as well as to improve customer satisfaction with more efficient and timely services. Cost growth from FY 2001 to FY 2002 reflects a revision to a more accurate methodology, whereby revenues not directly attributable to lab services were eliminated, thus increasing net costs.

In FY 2003, 337 citizens received negative rabies test results within 24 hours (92.3 percent), saving an estimated \$674,000 in medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

Health Department

School Health

School Health provides health services to students in 187 Fairfax County Public Schools and provides support for medically fragile students who require more continuous nursing assistance while they attend school. Services include first aid, administration of authorized medications, identification of potential communicable disease situations, and development of health care plans for students with special health needs.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan ¹
Authorized Positions/Staff Years					
Regular	0/ 0	0/ 0	0/ 0	245/ 176.31	245/ 176.31
Total Expenditures	\$0	\$0	\$0	\$8,458,349	\$8,458,349

Position Summary				
3	Public Health Nurses IV	188	Clinic Room Aides, PT	
1	Public Health Nurse III	1	Admin. Assistant II	
52	Public Health Nurses II, 2 PT			
TOTAL POSITIONS			PT Denotes Part-Time Positions	
245 Positions / 176.31 Staff Years				

¹ This new cost center has been created in FY 2005 to more accurately capture all costs associated with School Health in one cost center. Funding of \$4,171,281 associated with both the Medically Fragile Student program and positions in support of Fairfax County Public School clinics (53 Public Health Nurses, 3 Nurse Supervisors and 1 Administrative Assistant II) have been shifted to this cost center; those costs are combined with \$4,287,068 moved from the Clinic Room Aides cost center, which no longer exists. Combined, these services and staff total \$8,458,349 in the FY 2005 Adopted Budget Plan.

Key Performance Measures

Goal

To maximize the health potential of school age children by providing health support services in the school setting.

Objectives

- ◆ To implement health plans for 95 percent of students with identified needs within 5 school days of the notification of the need, and to increase the on-site availability of a Clinic Room Aide (CRA) from 93 percent to 94 percent of school days.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Visits to clinic of sick/injured and for medicine	1,176,084	1,014,771	1,020,000 / 817,525	840,000	850,000
Students in school	158,331	166,072	168,822 / 162,341	166,591	166,780
Students with health plans in place within 5 days of notification	32,937	35,509	NA / 42,963	44,000	45,000
Training sessions for summer school, CRS programs	NA	NA	NA / NA	20	30

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Efficiency:					
Cost per visit by CRA	\$3.54	\$3.95	\$4.15 / \$6.10	\$6.09	\$6.30
Service Quality:					
Percent of parents satisfied with services	99.8%	99.0%	99.0% / 99.6%	99.0%	99.0%
Outcome:					
Percent of school days CRA is on-site	96.1%	96.0%	96.0% / 93.5%	93.0%	94.0%
Percent of students with health plans in place within 5 days of notification	NA	NA	NA / NA	NA	95.0%

Performance Measurement Results

Clinic room aides and nurses support a total projected student population of 166,780 in FY 2005. Of the student population in FY 2003, roughly 25 percent or 42,963 students, had a medical condition requiring that a health plan be in place. Conditions requiring a health plan range from asthma, to diabetes, to life threatening allergies. A new indicator for FY 2005 reflects the goal of the School Health program to have health plans in place for 95 percent of students with identified needs within five days of being notified of the medical condition, ensuring that there will be an appropriate response in the event of a need or an emergency. It is noted that the total number of visits to the clinics declined from FY 2002 to FY 2003 due to changes in medical management, including new medication formulas that are given once a day rather than several times throughout the day.

Clinic Room Aides

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan ¹
Authorized Positions/Staff Years					
Regular	182/ 114.98	188/ 119.51	188/ 119.51	0/ 0	0/ 0
Total Expenditures	\$4,023,728	\$4,130,396	\$4,289,827	\$0	\$0

¹ This cost center is discontinued in FY 2005 with the creation of the new School Health cost center above. All Clinic Room Aide staff and costs, equal to \$4,287,068 in FY 2005, are moved to the new School Health cost center.

Performance Measurement Results

Expenditures and performance results associated with Clinic Room Aides may now be found in the School Health Cost Center above.

Health Department

Adult Day Health Care Centers



Adult Day Health Care Centers are currently operated at Lincolnia, Lewinsville, Annandale, Mount Vernon and Herndon. A full range of services are provided to meet the medical, social, and recreational needs and interests of the frail elderly and/or disabled adults attending these centers.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	44/ 44	44/ 44	44/ 44	44/ 44	44/ 44
Total Expenditures	\$1,930,117	\$2,074,634	\$2,075,864	\$2,148,016	\$2,148,016

Position Summary					
1 Public Health Nurse IV	5	Administrative Assistants IV	5	Senior Center Assistants	
5 Public Health Nurses III	18	Home Health Aides	5	Recreation Specialists III	
5 Public Health Nurses II					
TOTAL POSITIONS					
44 Positions / 44.0 Staff Years					

Key Performance Measures

Goal

To provide adults with disabilities a comprehensive day program designed to assist individuals to remain in the community, to obtain a maximum level of health, to prevent or delay further disabilities, and to provide respite for family members/caregivers.

Objectives

- ◆ To provide services to 360 frail elderly and adults with disabilities so that 50 percent of those who might have entered nursing homes are able to remain in the community with their families, preventing the need for more costly long-term care, and 95 percent of family members/caregivers indicate that they are able to maintain valued life roles.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Clients served per day	102	107	120 / 117	126	126
Clients per year	271	316	347 / 345	360	360
Operating days	248	248	248 / 247	248	248
Clients surveyed	166	194	208 / 223	234	234
Efficiency:					
Cost of service per client per day	\$57.00	\$70.00	\$64.00 / \$81.00	\$78.00	\$79.00
Net cost per client to the County	\$29.00	\$43.00	\$38.00 / \$55.00	\$52.00	\$53.00
Service Quality:					
Percent of clients/caregivers satisfied with service	100%	100%	100% / 100%	100%	100%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Outcome:					
Percent of family members/caregivers able to maintain valued life roles	NA	NA	NA / NA	95%	95%
Percent of clients served as an alternative to nursing home care	NA	NA	NA / NA	NA	50%

Performance Measurement Results

In FY 2003, 117 participants were served daily by the five Adult Day Health Care Center locations. This number is anticipated to grow to a daily number of 126 clients in FY 2004 and FY 2005, due to more targeted marketing and less severe winters than that of 2003. It is estimated that of those clients, 50 percent would meet the admissions criteria for nursing home care. As the County's demographics change to an older population, the Adult Day Health Care program will continue to play a crucial role in providing a cost-effective alternative to more restrictive long-term care options. The Long Term Care Task Force Report of 2002 indicates that 10.4 percent of the Fairfax County population (104,818 persons) is 65 years or older or is an adult with a disability. By 2010, that number is projected to grow to 187,376 persons. The County serves its clients at an average cost to the County per client per day of \$52.00. Efficiency costs reflected above include fringe benefits starting in FY 2003.

An objective of the Adult Day Health Care program is to provide respite to family members/caregivers so that they have the time and energy to maintain their other valued life roles such as parent, worker, or volunteer. In addition to providing Adult Day Health Care, the program also offers a variety of caregiver support groups throughout the County. According to the annual caregiver survey, 95 percent of caregivers surveyed state that the program assists them in continuing other important aspects of their lives.

Air Pollution Control

Air Pollution operates four ambient air pollution monitoring stations. These monitoring stations monitor for a variety of gases which affect health (carbon monoxide, ozone, nitrogen dioxide, sulfur dioxide, particulants), and complement ozone monitoring performed in the Lee District by the Virginia Department of Environmental Quality. These monitoring locations give the County a daily air quality index that is computed locally and has meaning and accuracy for Fairfax County.

Funding Summary					
Category	FY 2003 Actual	FY 2004 Adopted Budget Plan	FY 2004 Revised Budget Plan	FY 2005 Advertised Budget Plan	FY 2005 Adopted Budget Plan
Authorized Positions/Staff Years					
Regular	3/ 3	3/ 3	3/ 3	3/ 3	3/ 3
Total Expenditures	\$92,513	\$318,320	\$173,299	\$119,416	\$119,416

Position Summary	
1	Environ. Health Spec. III
2	Environ. Health Specs. II
TOTAL POSITIONS	
3 Positions / 3.0 Staff Years	

Health Department

Key Performance Measures

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County citizens. The aim is to assess the effectiveness of air pollution control regulations and actions aimed at achieving the National Ambient Air Quality Standard (NAAQS) for ozone by the year 2005.

Objectives

- ◆ To maintain the air pollution monitoring index at 95 percent or better.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2001 Actual	FY 2002 Actual	FY 2003 Estimate/Actual	FY 2004	FY 2005
Output:					
Air pollution measurements	337,001	302,545	304,593 / 304,715	336,352	336,352
Efficiency:					
Program cost per capita	\$0.269	\$0.320	NA / \$0.036	\$0.071	\$0.068
Service Quality:					
Data accuracy	3.4	3.0	5.0 / 3.8	5.0	5.0
Outcome:					
Air pollution monitoring index	94.7%	96.4%	95.0% / 96.0%	95.0%	95.0%

Performance Measurement Results

The service quality indicator for data accuracy is a quantitative evaluation of the quality of the air pollution data produced. An indicator at or below five percent is considered high-quality data and this level has been consistently maintained. The outcome indicator, the air pollution monitoring index, is a measure of how effectively the air quality monitoring program is achieving the U.S. Environmental Protection Agency (USEPA) quality assurance requirements. A high monitoring index provides assurance that the work prescribed for the program has been conducted properly. Therefore, a high monitoring index, as represented by the target of 95 percent, and a low data accuracy indicator, implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.

During FY 2003, Fairfax County experienced two exceedant days of the one-hour ozone standard and five exceedant days of the eight-hour ozone standard, resulting in unhealthy ambient air conditions. The USEPA is changing from a one-hour ozone standard to an eight-hour ozone standard. The USEPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. The region must initiate an aggressive air pollution control strategy to reduce air emissions. A State Implementation Plan must be submitted by June 2007 and compliance with the eight-hour National Ambient Air Quality Standard (NAAQS) for ozone must be demonstrated by June 2010.